2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002112

Entity Name: XYBASE, INC.

FILED Jul 06, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
6400 CON	IGRESS AVEN	UE		
SUITE 275 BOCA RA	50 TON, FL 3348	7 US		
Current Mailing Address:			New Mailing Address:	
6400 CON	IGRESS AVEN	UE		
SUITE 275 BOCA RA	50 TON, FL 3348	7 US		
	: 65-0999581	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
350 E LAS SUITE 160 FT LAUDE The above	SOLAS BVLD 00 ERDALE, FL 33 named entity s		purpose of changing its registere	d office or registered agent, or both,
in the State	e of Florida.			
SIGNATU				
	Electron	ic Signature of Registered A	gent	Date
		3(2)(b), F.S., the corporation did i j Trust Fund Contribution ().	not receive the prior notice.	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	MOSS, RAYMO	SS AVENUE SUITE 2750	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SHAARI, SUĤAÎ	SS AVENUE SUITE 2750	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SHAARI, MOHD	Delete JAMIL A, BU HASSAN SS AVENUE SUITE 2750 FL 33487	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SAID, MOHAME	SS AVENUE SUITE 2750	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	RISTAINO, DAV	Delete ID C SS AVENUE SUITE 2750	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RAYMOND H. MOSS DVST 07/06/2004

BOCA RATON, FL 33487

City-St-Zip: